

10

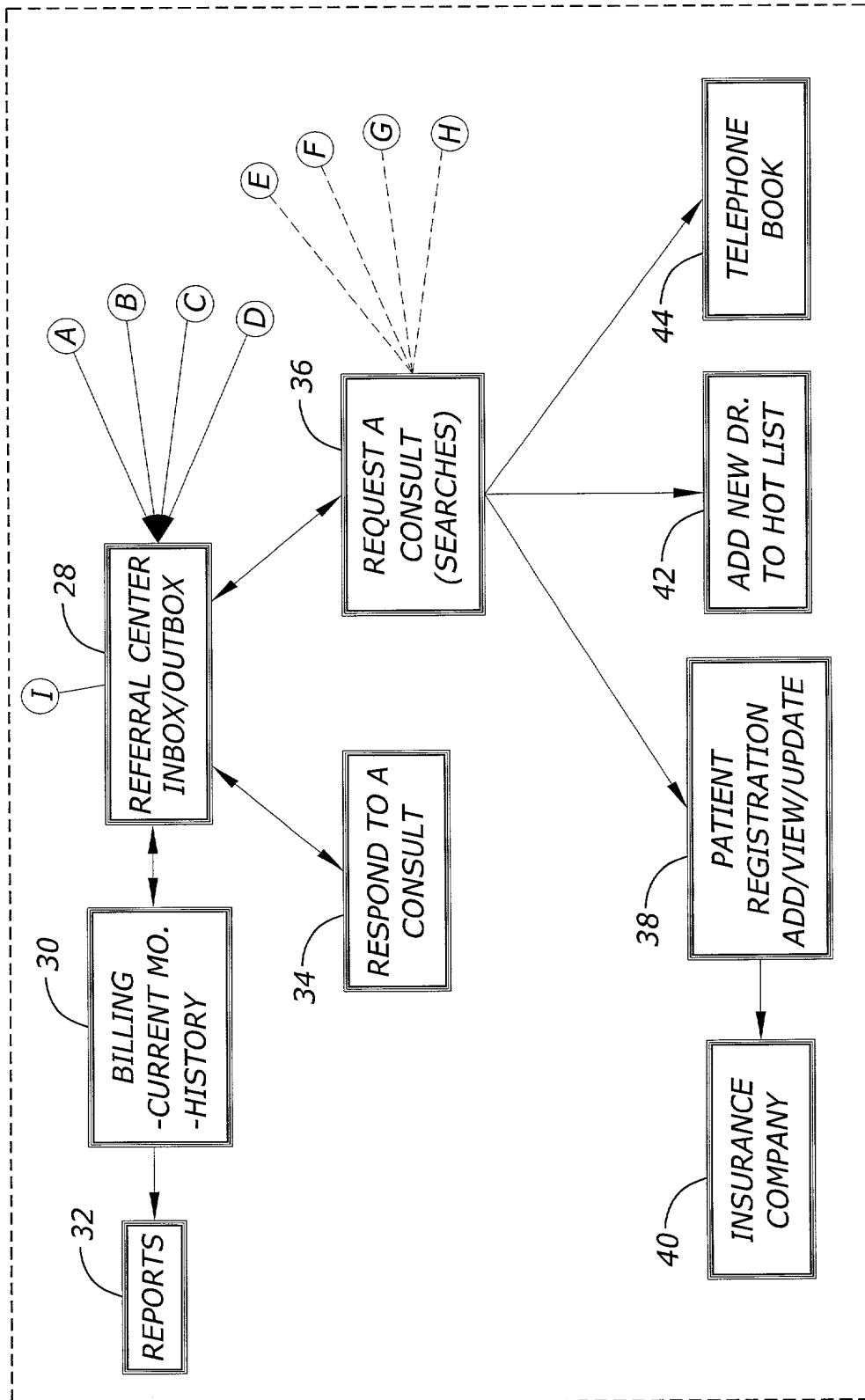


Fig. 1B

FIG. 1B

10

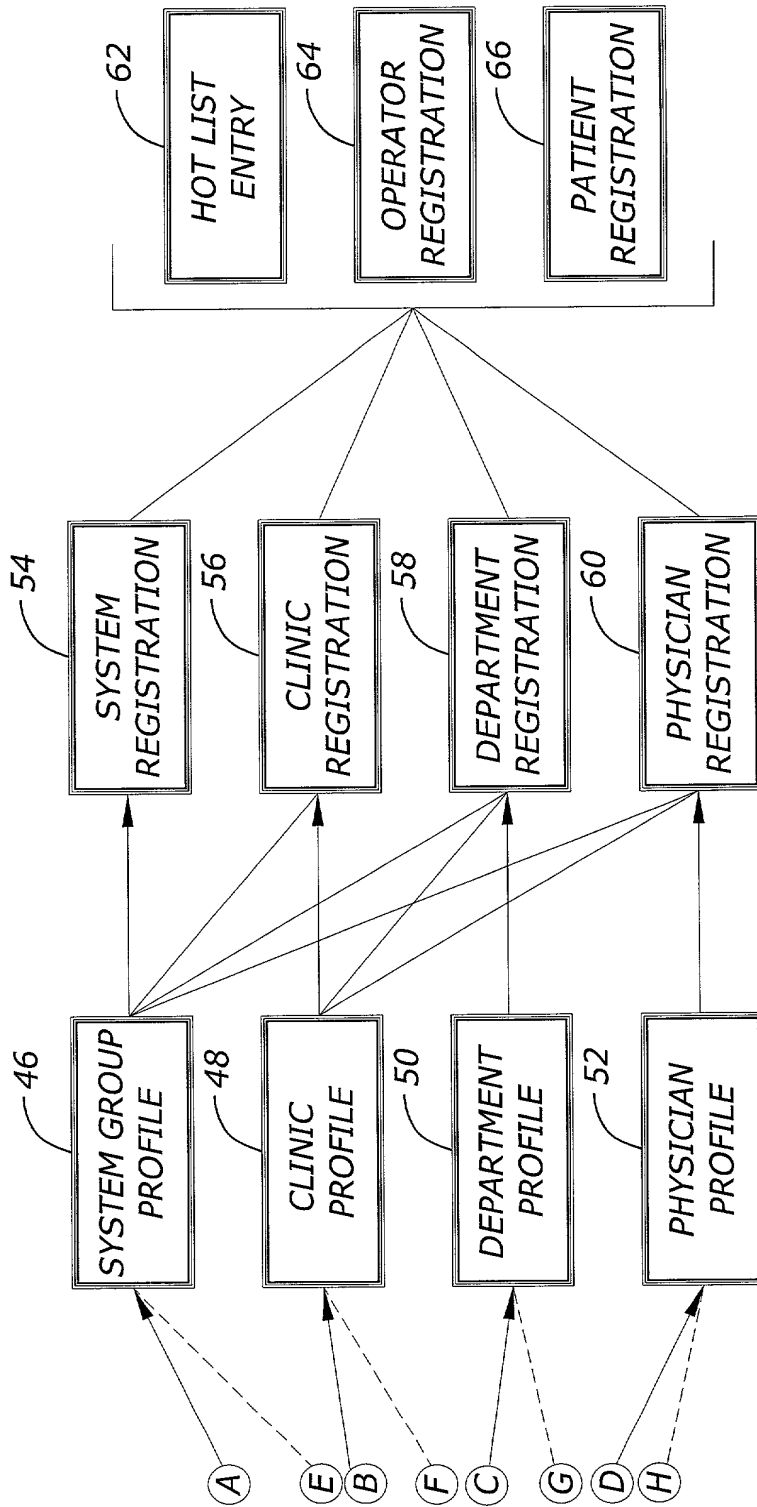


Fig. 1C

FOOT " 4926660

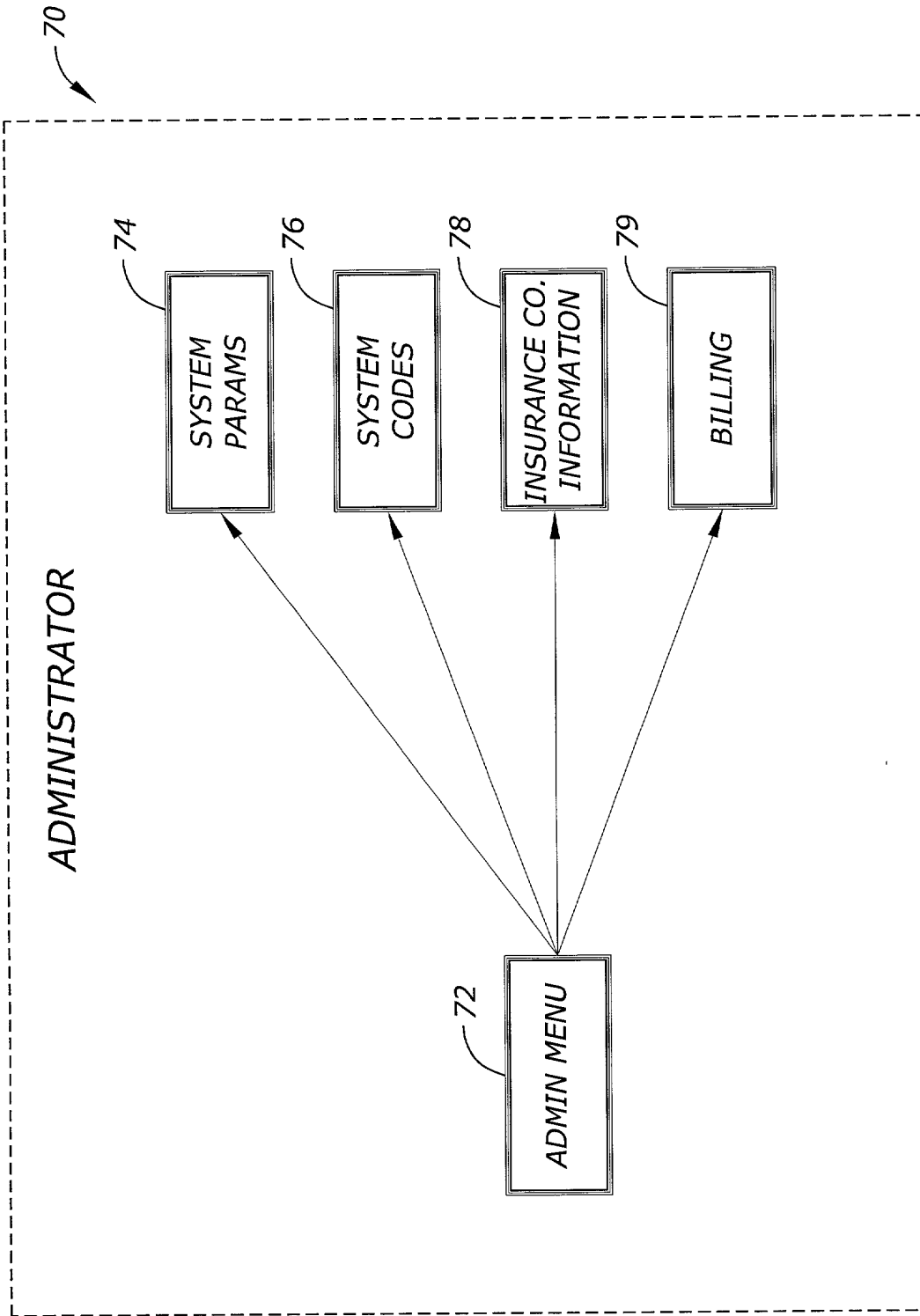


Fig. 2

109017-1926660

09992764-110601

PHYSICIAN REGISTRATION

×

60

PHYSICIAN INFORMATION * - INDICATES REQ'D FIELDS

*NAME:
(FIRST,MI,LAST):

*STREET ADDRESS:

SUITE/APT#:

*CITY/STATE:

▼

*ZIP CODE:

*PHONE NUMBER: (

)

EXT.

*FAX NUMBER: (

)

MOBILE #:

(

)

PAGER #:

(

)

*EMAIL:

*WEB URL:

PROFESSIONAL DETAILS

*SPECIALTY:

*SSN:

*UPIN:

*MEDICAL LICENSE:

LOGON INFO

PASSWORD:

CONFIRM:

REGISTER PHYSICIAN NOW

Fig. 3

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CLINIC PROFILE

CLINIC INFORMATION

LOGON ID: ID1

PASSWORD: PASS1

CLINIC 1
ADDRESS
CITY,STATE ZIP

CONTACT: NAME

PHONE
FAX

EMAIL:
URL:

CREDIT CARD INFORMATION

CARD TYPE: TYPE
NAME: NAME

CARD#: XXXX-XXX-XXX-XXXX
EXP. DATE: XX/XXXX

ADD NEW PHYSICIAN

PHYSICIAN
LISTING

DEPARTMENT

OPERATOR

NAME

SPECIALTY

DOCTOR 1

VASCULAR SURGERY

EDIT

DELETE

PHONE 1

INTERVENTIONAL GRAFTS

EDIT

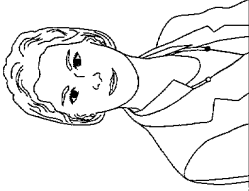
DELETE

Fig. 4

CLINIC REGISTRATION	
CLINIC INFORMATION	
*OFFICE NAME:	<input type="text"/>
GROUP:	<input type="text"/>
SPECIALTY:	<input type="text"/>
* PASSWORD:	<input type="text"/>
CONFIRM:	<input type="text"/>
CLINIC DETAILS	
*CONTACT: (FIRST, MI, LAST):	<input type="text"/> <input type="text"/> <input type="text"/>
*STREET ADDRESS:	<input type="text"/>
*CITY/STATE:	<input type="text"/> <input type="text"/>
*ZIP CODE:	<input type="text"/>
*PHONE NUMBER:	(<input type="text"/>) <input type="text"/> EXT. <input type="text"/>
*FAX NUMBER:	(<input type="text"/>) <input type="text"/>
*EMAIL:	<input type="text"/>
*WEB URL:	<input type="text"/>
*DIRECTIONS TO OFFICE:	<input type="text"/>
CREDIT CARD DETAILS	
*CARD TYPE:	<input type="text"/>
*CARD#:	<input type="text"/>
*NAME ON CARD:	<input type="text"/>
*EXPIRATION DATE:	<input type="text"/>
<input type="button" value="REGISTER CLINIC NOW"/>	

Fig. 5

36



1

DOCTOR NAME
CLINIC
PHONE
FAX

REQUEST A CONSULT

VASCULAR SURGEON
EMAIL
URL

☒ FAX
☒ PAGER
☒ EMAIL

84

EDIT PROFILE

SEARCH FOR PATIENT ?

BY SSN:
OR
BY NAME:

GO

GO

ADD A NEW PATIENT

PATIENT:
SSN:
DOB:
INSURANCE:
ADDRESS:
HOME:
EMAIL:
OFFICE:

PATIENT NAME
XXX-XX-XXXX
XX/XX/XXXX
INSURER 1
XXXXXXXXXX
ADDRESS 1
CITY, STATE ZIP
(XXX)-XXX-XXXX
(XXX)-XXX-XXXX

VIEW DETAILS...
EDIT PATIENT

Fig. 6A

2

86

CLINIC HOTLIST ?

CLINIC/PHYSICIAN	SPECIALTY/OFFICE
CLINIC DOCTOR 2	GENERAL MEDICINE CLINIC

88

SEARCH FOR CLINIC:

OR
ADD A NEW PHYSICIAN

GO

90

CLINIC: PHYSICIAN: SPECIALTY:	CLINIC NAME DOCTOR 2 GENERAL MEDICINE GERIATRICS
ADDRESS:	ADDRESS 1 CITY, STATE ZIP (XXX)-XXX-XXXX
HOME: EMAIL: OFFICE:	(XXX)-XXX-XXXX

VIEW PROFILE...

VIEW CLINIC

Fig. 6B

09934492660

3

URGENCY

REQUEST

COMMENTS

NOTIFY WITH

☒ FAX

☒ PAGER

☒ EMAIL

REFER PATIENT

Fig. 6C

52


PHYSICIAN PROFILE FOR			
	DOCTOR NAME <div> <div>LAST LOGON: TIME</div> <div>DATE</div> </div> <div> <div>CONSULTS (REQUESTED): 11</div> <div>DETAILS...</div> </div> <div> <div>CONSULTS (PERFORMED): 26</div> <div>DETAILS...</div> </div> <div> <div>CONSULTS (ACTIVE): 5</div> <div>DETAILS...</div> </div>		
	CLINIC INFORMATION <div> <div>CLINIC NAME</div> <div>CARDIOLOGY & VASCULAR SPECIALTIES</div> </div> <div> <div>(XXX)-XXX-XXXX</div> <div>URL</div> </div> <div> <div>(XXX)-XXX-XXXX</div> <div>EMAIL ADDRESS</div> </div>		
	<div>DETAILS...</div>		
CLINIC PROFILE PHYSICIAN PROFILE ▶ REFERRAL CENTER LOG OFF	PERSONAL INFORMATION <div> <div>DOCTOR NAME</div> <div>CARDIOLOGY & VASCULAR SPECIALTIES</div> </div> <div> <div>ADDRESS</div> <div>SSN: XXX-XX-XXXX</div> </div> <div> <div>CITY, STATE ZIP</div> <div>UPIN: XXXXXX</div> </div> <div> <div>(XXX)-XXX-XXXX</div> <div>MEDICAL LICENSE: XXXXXX</div> </div> <div> <div>(XXX)-XXX-XXXX</div> <div>EMAIL ADDRESS:</div> </div> <div> <div></div> <div>WEB URL:</div> </div>		
<div>EDIT</div>			

Fig. 7A

FOOT" 492660

CONSULT NOTIFICATIONS (UPON CONSULT REQUEST, NOTIFY MY...)

NOTIFY WITH | USING DURING

☒ FAX ☒ PAGER ☒ EMAIL

EDIT

DEPARTMENT OR PHYSICIAN		READ
WHEN	COMMENTS	
2:15 PM (XXX)-XXX-XXXX	VERY DILIGENT. PROFESSIONAL	READ
9:13 AM (XXX)-XXX-XXXX	POOR FOLLOW-UP NOT VERY TIMELY.	RESPOND... RESPOND...

150

Fig. 7B

Fig. 8

34

RESPOND TO A CONSULT																					
DOCTOR 1 XX/XX/XXXX XX/XX/XXXX	XX:XX:XX XX:XX:XX	DEPARTMENT 1 ROUTINE STAT	DOCTOR 2 DOCTOR 2 DOCTOR 2	CLINIC 1 ELECTROCARDIOGRAM LAST EKG																	
<p>PATIENT DEMOGRAPHICS</p> <p>PATIENT 1 BIRTHDATE ADDRESS CITY, STATE ZIP</p> <p>REQUESTING PHYSICIAN/CLINIC</p> <p>DOCTOR 2 FAMILY PRACTICE CLINIC 2 ADDRESS PHONE FAX CITY, STATE ZIP WEB ADDRESS <input type="checkbox"/> FAX NOTIFY <input type="checkbox"/> EMAIL NOTIFY</p>																					
<p>REQUEST PREFERENCES: DATE AND TIME REQUEST MADE: XX/XX/XXXX XX:XX:XX</p> <table style="width: 100%;"> <tr> <td style="width: 20%;">URGENCY</td> <td style="width: 20%;">REQUEST</td> <td style="width: 20%;">DATE REQUESTED INFO SENT:</td> <td style="width: 40%; text-align: center;"> <div style="border: 1px solid black; padding: 2px; display: inline-block;">XX</div> <div style="border: 1px solid black; padding: 2px; display: inline-block;">XX</div> <div style="border: 1px solid black; padding: 2px; display: inline-block;">XXXX</div> </td> </tr> <tr> <td>STAT</td> <td></td> <td></td> <td></td> </tr> <tr> <td>SEND BY</td> <td>COMMENTS</td> <td>METHOD SENT:</td> <td style="text-align: center;"> <div style="border: 1px solid black; padding: 2px; display: inline-block;">FAXED</div> <div style="border: 1px solid black; padding: 2px; display: inline-block;">▼</div> </td> </tr> <tr> <td>FAX IT</td> <td></td> <td></td> <td style="text-align: center;"> <div style="border: 1px solid black; padding: 2px; display: inline-block; border-radius: 15px;">REQUEST COMPLETED</div> <div style="border: 1px solid black; padding: 2px; display: inline-block; border-radius: 15px; margin-left: 10px;">DENY REQUEST</div> </td> </tr> </table>						URGENCY	REQUEST	DATE REQUESTED INFO SENT:	<div style="border: 1px solid black; padding: 2px; display: inline-block;">XX</div> <div style="border: 1px solid black; padding: 2px; display: inline-block;">XX</div> <div style="border: 1px solid black; padding: 2px; display: inline-block;">XXXX</div>	STAT				SEND BY	COMMENTS	METHOD SENT:	<div style="border: 1px solid black; padding: 2px; display: inline-block;">FAXED</div> <div style="border: 1px solid black; padding: 2px; display: inline-block;">▼</div>	FAX IT			<div style="border: 1px solid black; padding: 2px; display: inline-block; border-radius: 15px;">REQUEST COMPLETED</div> <div style="border: 1px solid black; padding: 2px; display: inline-block; border-radius: 15px; margin-left: 10px;">DENY REQUEST</div>
URGENCY	REQUEST	DATE REQUESTED INFO SENT:	<div style="border: 1px solid black; padding: 2px; display: inline-block;">XX</div> <div style="border: 1px solid black; padding: 2px; display: inline-block;">XX</div> <div style="border: 1px solid black; padding: 2px; display: inline-block;">XXXX</div>																		
STAT																					
SEND BY	COMMENTS	METHOD SENT:	<div style="border: 1px solid black; padding: 2px; display: inline-block;">FAXED</div> <div style="border: 1px solid black; padding: 2px; display: inline-block;">▼</div>																		
FAX IT			<div style="border: 1px solid black; padding: 2px; display: inline-block; border-radius: 15px;">REQUEST COMPLETED</div> <div style="border: 1px solid black; padding: 2px; display: inline-block; border-radius: 15px; margin-left: 10px;">DENY REQUEST</div>																		

Fig. 9

38

PATIENTS	
NAME:	<div><div></div><div></div><div></div></div>
ADDRESS:	<div></div>
CITY:	<div><div></div><div>STATE</div><div></div><div>ZIP</div><div></div></div>
HOME PHONE	<div><div></div><div>WORK PHONE</div><div></div></div>
FAX NUMBER	<div><div></div><div>EMAIL ADD:</div><div></div></div>
BIRTHDATE	<div><div></div><div>AGE</div><div></div><div>SSN</div><div></div></div>
COMMENTS:	<div></div>

Fig. 10